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Montana Health Promoter

Newsletter of the Chronic Disease Prevention and Health Promotion Program
Montana Department of Health and Environmental Sciences

PLEASE RETURN

Exercise Program Helps Seniors Age Successfully

by Holly Peacock
Program Leader
Successful Aging Program
Northwest Health Promotion Center, Kalispell

Many senior citizens are discovering exercise can significantly improve the quality of their lives, including their mental and physical health. Sixty-eight-year-old volunteer Roseanne Marozzo, who leads some 40 seniors in exercise three times a week at the Senior Center in Kalispell, says, "We all see and feel the benefits. Participants are all so enthusiastic and that's what keeps me going."

This is just one of many testimonies given by seniors and volunteer leaders in the regular exercise sessions conducted at seventeen senior sites in Northwest Montana. The Successful Aging Program of the Northwest Health Promotion Center in Kalispell provides training and materials to senior "volunteer leaders," so they can conduct and lead their own exercise programs. The Chronic Disease Prevention and Health Promotion Program of the Montana Department of Health and Environmental Sciences through a grant from the Centers for Disease Control, along with Kalispell Regional Hospital fund this effort.

According to Program Leader Holly Peacock, many of the senior volunteer leaders say they have discovered abilities they can share to help others live healthier and happier lifestyles. The seniors are finding that after years of inactivity, their bodies will respond positively to regular exercise. A variety of improvements have been experienced in flexibility, endurance, balance and strength. The individual who exercises regularly is less prone to fatigue, regardless of age. In an inactive person, organ functions slow down, muscles waste away, and bones weaken, reducing strength and endurance. These processes can be minimized with regular exercise. Additional benefits include decreased depression, new social contacts and enhanced independence.

Flathead Valley seniors enjoy exercise classes at Kalispell Senior Center.

Peacock cautions that seniors starting a regular exercise program should begin slowly and

continued on page 2

In this Issue

Fitness and mortality 3
Kids and cholesterol 4
Fitness resources 5

From the Editor

If You're too Busy to be Physically Active, You're too Busy

This issue of Montana Health Promoter is devoted to physical activity and physical fitness, due to increasing evidence demonstrating its contribution to good health and well-being. Studies have demonstrated that physical activity, either occupational or recreational, is associated with reduced risks of coronary disease. Other studies link physical inactivity to hypertension, non-insulin dependent diabetes mellitus, colon cancer, osteoporosis, obesity, and mental illness. Since coronary heart disease is the leading cause of death and disease in Montana, the potential role of physical activity in preventing coronary heart disease is of significance. Only one fifth of the Montana adult population is estimated to be physically active at the level thought to be required for cardiorespiratory benefit. Evidence also suggests that leisure time physical activity was on the increase in the 1970s and 1980s and is now declining. The true challenge is to activate the estimated 40% of the population that is predominantly sedentary.

If physical activity has obvious health benefits, what can be done to get people motivated to take action? All of us can do our part by becoming more physically active and serving as community role models. In a broader sense, many sectors can play an important role. Schools, for instance, offer a unique setting to provide time, facilities, and programs for children to participate in. Physical activity can be integrated into many subject areas or can be promoted in conjunction with a comprehensive health enhancement program. Similarly, worksites have the opportunity to promote activities on-site which will bring long-term benefits to employees' lives. Churches also have proven to be excellent avenues for health education and group support.

What physical activities might be suggested? Increasing evidence emphasizes activity like brisk walking is likely to be more effective than promoting more strenuous activities that can put a greater demand on lifestyles. Recent data suggests that even a modest improvement in fitness level among the most unfit, confers a substantial health benefit. Lower intensity activities are more likely to be pleasurable and long-lasting.

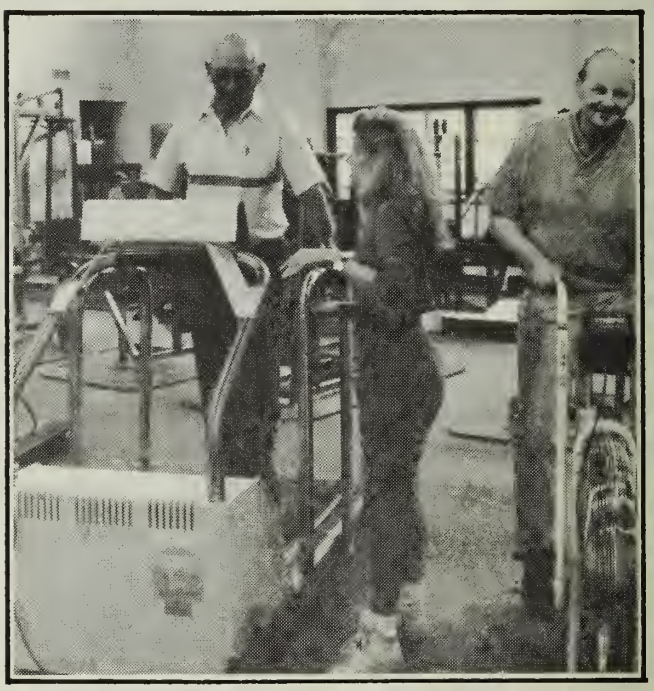
Physical activity is to be promoted for all ages and for both sexes in the Montana community. Physical activity is not only appropriate for athletes, runners, the young, or males, but the general public can be encouraged to take the time to be active and reap the benefits!

Robert W. Moon, M.P.H.
Health Services Manager
Chronic Disease Prevention
and Health Promotion

Sources: K.E. Powell, C.J. Caspersen, J.P. Koplan, E.S. Ford, "Physical Activity and Chronic Diseases," *American Journal of Clinical Nutrition*, 1989, Issue 49, pages 999-1006 and S.S. Harris, C.J. Caspersen, G.H. DeFriese, E.H. Estes, "Preventing Disease: Beyond the Rhetoric," Springer-Verlag, Inc. New York, 1990.

continued from page 1

increase their activity gradually. She says it is important to slow down or even stop when fatigue sets in. Overdoing will only bring sore muscles and joint pain, and can discourage people from continuing with their program. Starting slowly and sticking with it will bring noticeable results within a few weeks.



Successful Aging Program Leader Holly Peacock instructs Flathead Valley seniors on the proper use of exercise equipment.

Normal responses to exercise are an increased heart rate, increased breathing rate, mild to moderate sweating, feeling or hearing the heart beat, and mild muscle aches and tenderness (especially during the first few weeks). A feeling of invigoration, not tiredness or fatigue, should follow exercise.

Peacock offers the following tips for exercising seniors:

1. Drink water (during and after). Other beverages won't provide the same benefits.
2. Warm up muscles before stretching. This can be done by simply walking in place or around the room, or by using slow rhythmic motions, such as swaying from side to side.
3. Stretch gradually and slowly without bouncing or jerking.
4. Breathe evenly and deeply during exercise. Breathe out during vigorous effort or exertion and breathe in as muscles relax. Establish this rhythm, so it becomes automatic.
5. Be aware of your posture. Proper posture will decrease chances of injury. Practice pulling in abdominal muscles, squeeze the buttock muscles together, pull shoulders back and down.

6. After warm up and stretching, gradually increase the intensity of the exercise, tuning in to the body's response. For beginners, start with 5 to 10 minutes, increasing the amount each day, up to about 30 minutes, 45 minutes maximum. Rest when necessary.
7. Take 5 to 10 minutes to cool down or slow down after your faster paced activity. Do not stop abruptly. Use stretching exercises as part of the cool down.
8. Exercise 3 to 5 times a week. More than this can cause susceptibility to injury or overuse of joints and muscles and gives little added benefit.

Exercising with another person or with a group offers support and increases the chances of making it a habit. Brisk walking, cycling, swimming, or dancing are all good forms of exercise. Individuals must decide what kind of exercise fits their particular lifestyle.

Fitness and Mortality

by S.M. Blair, H.W. Kohl, R.S. Paffenbarger, Jr., D.G. Clark, K.H. Cooper and L. W. Gibbons
Institute for Aerobics Research, Dallas, Texas

The results of the largest study ever conducted measuring fitness and risk of dying were recently published by Steve Blair of the Institute for Aerobics Research and his colleagues. This landmark study "will be talked about by the scientific community for the next 50 to 100 years," says Dr. Lester Breslow, a leading researcher and Dean Emeritus of the University of California at Los Angeles School of Public Health. What makes the study unique is that aerobic fitness of 13,344 men and women was actually measured on a treadmill. Other studies use the less accurate method of self-report of physical activity.

Subjects were assigned to five fitness categories, ranging from low to high, according to treadmill scores. They were followed over eight years to track any deaths and their causes. Results show lower death rates in the more physically fit. Major findings include the following:

Death rates from all causes for the least-fit men were 3.4 times higher than the most-fit men and for least-fit women, 4.6 times higher than the most-fit women.

Higher levels of physical fitness were beneficial even in those with other risk factors such as high blood pressure, elevated cholesterol, cigarette smoking, and a family history of heart disease. In other words, unfit people without these risk factors had higher death rates than fit people with them. "Fitness appears to compensate even for other risk factors that might shorten life," says Blair.

Cancer death rates were much lower in physically fit men and women. Scientists consider this a striking finding which must be pursued.

Even moderate levels of exercise will result in a fitness level associated with a greatly reduced risk of death. According to Blair, "Just getting out of the least-fit category into the moderate-fitness category provides substantial benefits. I'm not telling runners to slow down. I'm saying to others, 'Turn off the TV, get up and move around a little bit.' "

How much is enough? The minimum amount of exercise needed to achieve moderate and high fitness is shown in the following walking examples:

Minimum Dose for Moderate Fitness

Women - walk 2 miles in < 30 minutes at least 3 days/week, or walk 2 miles in 30-40 minutes 5-6 days/week.

Men - walk 2 miles in < 27 minutes at least 3 days/week, or walk 2 miles in 30-40 minutes 6-7 days/week.

Minimum Dose for High Fitness

Women - walk 2 miles in 30 minutes at least 5-6 days/week, or run 2 miles in 20-24 minutes 4 days/week.

Men - walk 2.5 miles in < 37.5 minutes 6-7 days/week, or run 2 miles in 20 minutes 4-5 days/week.

Younger persons probably need to do a bit more and older persons a bit less than is suggested in the walking example. Dr. Blair's findings may not seem surprising to many, but health scholars are greeting the evidence as a major contribution to the knowledge of physical fitness and human longevity.

Serious Fun—Montana's Big Sky State Games

The sixth annual Big Sky State Games will be held July 19-21, 1991, in Billings. With more than two dozen events, and many age categories, even being a spectator promises to be quite a sport.

Entry forms are available at any First Bank, Universal Athletic Store, Wendy's, YMCA and local sporting goods stores. For more information contact: Big Sky State Games Headquarters, P.O. Box 2318, Billings, MT, 59104, (406) 245-8106.

Kids and Cholesterol

On April 7, 1991, the National Cholesterol Education Program Coordinating Committee released highlights of the draft *Report of the Expert Panel on Blood Cholesterol Levels in Children and Adolescents.* The report reviews the evidence that atherosclerosis, or its precursors, begin in young people; that elevated cholesterol levels early in life play a role in the development of adult atherosclerosis; that eating patterns and genetics affect blood cholesterol levels and CHD risk; and that lowering levels in children and adolescents will be beneficial. Cholesterol is the focus of the report, which also states that other risk factors for atherosclerosis and CHD may originate early in life and should be addressed as well. Specifically, cigarette smoking should be discouraged; hypertension should be identified and treated; obesity should be avoided or reduced; regular aerobic exercise should be encouraged; and diabetes mellitus should be diagnosed and treated.

Studies have documented that

* U.S. children and adolescents have higher blood cholesterol levels and higher intakes of saturated fatty acids and cholesterol than their counterparts in many other countries

* Early coronary atherosclerosis or its precursors begin in childhood and adolescence

* There is a high incidence of CHD among family members of children and adolescents with elevated serum cholesterol, particularly LDL-cholesterol

* Both environmental and genetic factors play a role in high blood cholesterol family aggregates

* Children and adolescents with high cholesterol levels are more likely than the general population to have high levels as adults:

The panel recommended a strategy that combines a population approach and an individualized approach to lower blood cholesterol levels in children and adolescents.

The Population Approach

The population approach aims to lower the average levels of blood cholesterol among all American children and adolescents through population-wide changes in nutrient intake and eating patterns.

The following nutrient recommendations are intended for all healthy children and adolescents over the age of about 2 years:

* achieve nutritional adequacy by eating a wide variety of foods

* calories should be adequate to support growth and development and to reach or maintain desirable body weight

* saturated fatty acids should provide less than 10% of total calories

* total fat should provide no more than 30% of total calories

* dietary cholesterol should be less than 300 mg per day.

To achieve the recommended nutrient intake, the panel recommends an eating pattern in which families select, prepare, and consume foods low in saturated fatty acids, total fat, and cholesterol; choose a variety of foods to ensure adequate intake of carbohydrates, protein, and other nutrients; and consume only enough calories to maintain desirable weight.

Recommendations are provided to groups that influence the eating patterns of children and adolescents including schools, health professionals, government agencies, the food industry and the mass media.

The Individualized Approach

The panel recommends selectively screening, in the context of regular health care, children and adolescents who have a family history of premature cardiovascular disease or at least one parent with high blood cholesterol. The panel decided against a universal screening recommendation for all children and adolescents.

Optional cholesterol testing by the practicing physician was suggested for children who are judged to be at higher risk for CHD regardless of family history or parental hypercholesterolemia. Included are adolescents who smoke cigarettes, have high blood pressure, or who consume excessive amounts of saturated fatty acids, total fat, and cholesterol, and who are overweight. In these cases the physician should obtain family history and blood cholesterol status to help decide whether treatment is appropriate for a child with any of these risks and an elevated cholesterol level.

Diet therapy is the primary approach to treating children and adolescents with elevated blood cholesterol. Diet therapy is prescribed in two steps that progressively reduce the saturated fatty acid and cholesterol intake. Consideration of drug therapy is recommended for children 10 years and older if, after 6 months to one year of diet therapy, LDL- cholesterol remains greater than 190 mg/dl; or if LDL- cho-

lesterol remains greater than 160 mg/dl *and* there is a positive family history of premature CVD, or there are two or more other CVD risk factors present in the child after vigorous attempts have been made to control these risk factors.

The final report will be available in Summer 1991 and may be requested from NHLBI Information Center, 4733 Bethesda Avenue, Suite 530, Bethesda, MD 20814.

CLOSING THE GAP on the minority health disparity in the United States.

OFFICE OF MINORITY HEALTH RESOURCE CENTER

We help professionals locate
- health information;
- technical assistance; and
- resources such as model programs, minority organizations, and data.

Our service is free of charge and addresses issues related to the health disparity of Asians/Pacific Islanders, Blacks, Hispanics, and Native Americans. Call 1-800-444-6472, Monday-Friday, 9 am-5 pm (eastern time).

A nationwide service of the U.S. Department of Health and Human Services, Public Health Service, Office of the Assistant Secretary for Health, Office of Minority Health

Resources

President's Council on Physical Fitness and Sports, 450 5th St., NW, Washington, DC, 20001, (202) 272-3430.

Provides materials on exercise, school physical education programs, sports and physical fitness for youth, adults and the elderly.

Women's Sports Foundation, 342 Madison Ave., Suite 728, New York, NY, 10173, (800) 227-3988.

Distributes rental films, videos and educational materials on physical fitness for middle-aged and senior women; general fitness; the menstrual cycle; aerobics; stretching exercises; walking and exercising with equipment.

Institute for Aerobics Research, 12330 Preston, Dallas, Texas, 75230, (800) 635-7050.

As one of the country's foremost authorities on physical fitness, the Institute provides certification courses to train fitness professionals on leadership and program implementation skills, developed and substantiated through research efforts.

American Alliance for Health, Physical Education and Dance, 1900 Association Drive, Reston, VA, 22091, (703) 476- 3400.

As a non-profit membership organization the purpose of the Alliance is to improve the health and fitness of Americans by improving educational programs and to encourage people to make fitness a part of their daily lives. The Alliance publishes periodicals and a wide variety of books on fitness and health.

The Walking Handbook, booklet, 40 pages.

A complete, easy-to-read instruction manual to help people start and maintain a safe and effective walking program. Can be used for worksite walking programs, walk classes or clubs, colleges, school programs, health clubs or physicians.

Available from Institute for Aerobics Research, 12330 Preston Road, Dallas, TX, 75230, (800) 635-7050, $5, plus $1 shipping.

Exercise, Fitness and Health, Claude Bouchard, Ph.D., Roy J. Shephard, M.D., Ph.D., Thomas Stephens, Ph.D., John R. Sutton, M.D., and Barry D. McPherson, Ph.D., Editors, hardbound book, 744 pages, 1990.

Eighty-seven world-renowned scientists have contributed 62 papers in which they analyze and summarize research efforts over the past 20 years. Along with the cardiovascular implications of exercise, the relationships among exercise, fitness and health as they pertain to physiology, gerontology, endocrinology, psychology, immunology, nutrition and biochemistry are examined.

Available from Human Kinetics Publishers, Inc., Box 5076, Champaign, IL, 61825-5076, (800) 465-7301, $60, plus shipping.

Nancy Clark's Sports Nutrition Guidebook, by Nancy Clark, M.S., R.D., paperbound, 336 pages, 1990.

Nancy Clark, a registered dietitian and sports nutritionist, shares the nutrition advice she's given to hundreds of athletes including Olympians and professionals—and provides you with "how to" food suggestions and recipes.

Available from Human Kinetics Publishers, Inc., Box 5076, Champaign, IL, 61825-5076, (800) 465-7301, $13.95, plus shipping.

Promoting Physical Activity Among Adults, looseleaf booklet for three-ring binder, 1988.

A guide for health professionals in planning and implementing community-based interventions to promote physical activity in adults. The handbook provides information on the importance of physical activity and exercise among adults and provides guidance in planning and evaluating a program of multiple interventions.

Photocopy available from Chronic Disease Prevention and Health Promotion Program, MDHES, Cogswell Building, Helena, MT, 59620, 444-2640.

Photo by Valinda Holmes

Montana Dept. of Health & Environmental Sciences Director Dennis Iverson and Secondary Disabilities Prevention Program Officer Cecilia Cowie navigate an entrance ramp during Barrier Awareness Week, May 6-12, 1991. The two spent an entire day in wheelchairs in order to increase awareness of the many barriers facing people with disabilities.

Available on Loan

The following materials are recent acquisitions available on loan from the Chronic Disease Prevention and Health Promotion Program, MDHES, Cogswell Building, Room C314, Helena, MT, 59620, (406) 444-2640.

Nancy's Special Workout for the Physically Challenged, with Nancy J. Sebring, O.T.R., Capture Productions. A 45-minute video which begins with a warm-up, moves to a vigorous cardiovascular workout and ends with a cool down period—all while sitting down.

Nancy's Special Workout for the Developmentally Disabled, with Nancy J. Sebring, O.T.R., FilmCraft Video. A fun-filled 45-minute video created for the learning disabled, TMI, EMI, SMI and others who have special fitness needs. Includes warm-up, aerobic segment, toning exercises and a cool down period.

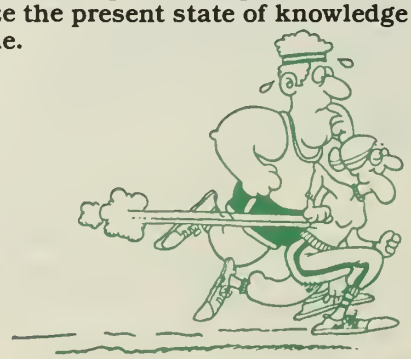
Health Behavior and Health Education, Karen Glanz, Frances Marcus Lewis, Barbara K. Rimer, Editors, Jossey-Bass, Inc., Publishers, San Francisco, 1990. This book provides concepts and strategies that health professionals can use to meet the challenge of getting people to change their behaviors in order to improve their health status.

Designing and Conducting Health Surveys, by Lu Ann Day, Jossey-Bass, Inc., Publishers, San Francisco, 1989. Drawing on the latest developments in cognitive psychology, survey design and market research, this book provides up-to-date guidance on designing and conducting health surveys.

The Wellness Encyclopedia, from the Editors of the University of California, Berkeley, *Wellness Letter*, Houghton Mifflin Company, Boston, 1991. This fact-filled reference is divided into five major sections that correspond to key areas of wellness: longevity, nutrition, exercise, self-care, and environment and safety.

The Performance Edge, U.S. Department of Health and Human Services, Office on Smoking and Health and Office for Substance Abuse, GPO, Washington, D.C., 1989. Geared toward high school students, this kit includes a video and printed materials focusing on the effects of smoking and drinking on athletic performance.

Report of the Secretary's Task Force on Youth Suicide, U.S. Department of Health and Human Services, Alcohol, Drug Abuse and Mental Health Administration, GPO, Washington, D.C., 1989. This four-volume report is the product of an effort to synthesize the present state of knowledge about youth suicide.



Funding Facts

A proposal for funding generally represents a plan of action that tells why, how, when, and by whom certain activities will be performed. The proposal additionally might provide assurances that the individual or organization have the personal and organizational capacity for successfully managing grants. Capacity refers to meeting the legal or administrative eligibility of funders, but might also include necessary experience, professional qualifications, managerial capability, fiscal responsibility, and organizational record with other grants.

Bader and Carr in "Get that Grant: Grantwriting from Conception to Completion" suggest a series of questions to ask in assessing capacity, strengths, and need for further development of the proposing organization.

1) Is your organization legally eligible for funds?

2) Do you possess sufficient experience and qualifications in the proposed subject area?

3) How do you assess your personal ability to compete for these funds?

4) If you lack certain skills, are the skills available within the agency or from consultants?

5) Do you possess the political support you will need to implement the proposed activity?

6) Does the staff possess the ability to maintain a constructive, problem solving approach?

7) What are your greatest strengths and deficits in terms of the proposal?

The organizational capacity deserves a separate section in any proposal discussing the unique qualities 'n experience and interest that might give your pro- ›sal the competitive edge.

Coming Up

July 22-August 2	**SUMMER INSTITUTE OF PUBLIC HEALTH PRACTICE**, School of Public Health & Community Medicine, Seattle, WA, University of Washington, contact Chuck Treser, (206) 543-4207.
September 19-21	**GOVERNOR'S CONFERENCE ON AGING—"SENIOR OPTIONS,"** Billings Plaza Holiday Inn, Billings, contact Bob Bartholomew, Governor's Office on Aging, (800) 332-2272 or (406) 444-3111.
September 20-21	**EARLY START FOR A HEALTHY HEART**, Village Red Lion Inn, Missoula, contact Gerry Bartsch, Center for Continuing Education, University of Montana, 243-4623.
NATIONAL HEALTH OBSERVANCES	
September	**NATIONAL CHOLESTEROL EDUCATION MONTH**
September 15-21	**NATIONAL REHABILITATION WEEK**

Year 2000 Health Objectives for Fitness

With the good news about the benefits of physical activity continuing to mount, the United States Public Health Service has made fitness a priority in its plan for bettering the health of Americans through this decade. Included in "Healthy People 2000: National Health Promotion and Disease Prevention Objectives," are health status, risk reduction, service and surveillance goals in the area of physical fitness. Highlights of these objectives are listed below.

Increase to at least 30 percent the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. (Baseline: 22 percent of people aged 18 and older were active for at least 30 minutes 5 or more times per week and 12 percent were active 7 or more times per week in 1985.)

Increase to at least 20 percent the proportion of people aged 18 and older and to at least 75 percent the proportion of children and adolescents aged 6 through 17 who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion. (Baseline: 12 percent for people aged 18 and older in 1985; 66 percent for youth aged 10 through 17 in 1984.)

Reduce to no more than 15 percent the proportion of people aged 6 and older who engage in no leisure-time physical activity. (Baseline: 24 percent for people aged 18 and older in 1985.)

Special Population Target

No Leisure time Physical Activity		1985 Baseline	2000 Target
1.5a	People aged 65 and older	43%	22%
1.5b	People with disabilities	35%	20%
1.5c	Lower Income people (annual family income < $20,000)	32%	17%

Increase to at least 40 percent the proportion of people aged 6 and older who regularly perform physical activities that enhance and maintain muscular strength, muscular endurance and flexibility. (Baseline data available in 1991.)

Increase to at least 50 percent the proportion of children and adolescents in 1st through 12th grade who participate in daily school physical education. (Baseline: 36 percent in 1984-86.)

Increase to at least 50 percent the proportion of school physical education class time that students spend being physically active, preferably engaged in lifetime physical activities. (Baseline: Students spent an estimated 27 percent of class time being physically active in 1983.)

Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs as follows:

Worksite size	1985 Baseline	2000 Target
50-99 employees	14%	20%
100-249 employees	23%	35%
250-749 employees	32%	50%
≥750 employees	54%	80%

Baseline data source: National Survey of Worksite Health Promotion Activities, ODPHP.

Mark Your Calendar!

EARLY START FOR A HEALTHY HEART

September 20-21, 1991
Village Red Lion Inn, Missoula, MT

Helping Children Stay Healthy!

This integraged approach to cardiovascular disease risk prevention in school children is designed for...

- K-8 science, health & home economics teachers
- school superintendents and administrators
- guidance & counseling staff
- school food service personnel
- school health nurses
- dietitians
- public and private wellness coordinators
- family practitioners
- public health personnel
- youth group leaders

Registration fee: $75. For more information and a program brochure, contact the Center for Continuing Education, The University of Montana, Missoula, MT 59812, (406) 243-4623 or 243-2900.

Approved for: 1 UM graduate credit option in HPE 595. Applications submitted for: OPI Certificate Renewal Credit and School Food Service Personnel Certification Hours.

Increase community availability and accessibility of physical activity and fitness facilities as follows:

Facility	1986 Baseline	2000 Target
Hiking, biking and fitness trail miles	1 per 71,000 people	1 per 10,000 people
Public swimming pools	1 per 53,000 people	1 per 25,000 people
Acres of park and recreation open space	1.8 per 1,000 people (553 people per managed acre)	4 per 1,000 people (250 people per managed acre)

Increase to at least 50 percent the proportion of primary care providers who routinely assess and counsel their patients regarding the frequency, duration, type and intensity of each patient's physical activity practices. (Baseline: Physician provided exercise counseling for about 30 percent of sedentary patients in 1988.)

Beyond Disability

by Tim Harris
Deputy Director
Montana Independent Living Project

Fitness for people with disabilities has generated more interest over the past two to three decades than ever before. Historically, recreational activities associated with disabilities have been limited to arts and crafts kinds of programs. As a person with a disability, exercise has been a struggle for me, physically as well as psychologically. In the last 30 years, there has been a great deal of expansion in the field of sports and recreation for people with disabilities. Being exposed to a wide variety of wheelchair athletic programs gave me opportunities to participate at competitive levels I had not previously experienced. Along with these opportunities came the necessity to be fit in order to compete. At a younger age, getting and staying fit was much more simple than it is now as I approach 50.

Technology and the media have caused us all to be conscious of our own health status. Most people today know their blood pressure, cholesterol counts, both LDL and HDL levels, tri-glyceride counts, fat levels in foods and so on. With this awareness, we are far more accountable for our own well being than ever before. For people with disabilities, the need to stay healthy is no less serious than for people who are not disabled. It becomes a greater challenge for us, due in part to the physical inaccessibility of many fitness programs. Also contributing to the challenge are weather conditions, geography, time, transportation and economics.

The development of specialized equipment used by wheelchair athletes has led to the availability of more choices of exercise equipment. Racing wheelchairs have made wheeling exercise both a fitness activity as well as a competitive sport. The availability of treadmills and wheelchair ergometers allow this type of exercise to take place in the home. Weight machines have made weight training more accessible to all. Aerobic exercises have exploded into many markets. Exercise videos are available in great numbers, allowing for exercising in the privacy of one's home. All of these choices are accessible to people who are disabled. It must be noted that all exercise programs should be reviewed by one's personal physician and should include regular stretching and flexibility exercises.

The value of being fit has been well-documented for all. For those of us with disabilities, the need is no less great. Our challenge is to discover the type or types of activities suited to our disability, our strength and endurance levels, the amount of time available to us, and our budgets. We can then develop a regimen, make exercise an integral part of our daily routines, and aggressively pursue good health. The benefits can last a lifetime.

Montana Health Promoter
Montana Department of Health
and Environmental Sciences
Cogswell Building, Room C314
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